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TITLE: Street Outreach Intervention to Injecting Drug Users: Lessons Learned Over the Last 12 Years

AUTHORS: Booth, RE; Kwiatkowski, CF (University of Colorado Health Sciences Center)

ISSUE: Prior to the AIDS epidemic, we knew little, from a large-scale quantitative perspective, about out-of-treatment injection drug users (IDUs). It was unclear if we could locate them, if they would tell us about highly personal and illegal behaviors they had engaged in, if we could track them over time and if they would change their behavior.

SETTING: Beginning in 1987, community outreach workers initiated street outreach to IDUs in Denver.

PROJECT: The goal of the Indigenous Leader Outreach Model (ILOM) is to reduce the spread of HIV among IDUs and their sex partners. The following steps are used to achieve this goal: (1) gain access to target group members; (2) increase HIV awareness; (3) help individuals identify their personal risk and provide alternatives to high risk behaviors; (4) reinforce behaviors change; and (5) encourage prevention advocacy.

RESULTS: Seven separate studies, conducted over the past 12 years, consistently supported the effectiveness of outreach intervention to IDUs: IDUs intervened with by community outreach workers following the ILOM significantly reduced their high-risk behaviors, while those intervened with but not according to the ILOM did not change; additional behavior change was possible with sustained outreach intervention; IDUs seen by community outreach workers were nearly twice as likely to not inject with a used syringe compared to those not seen by outreach workers; IDUs seen by community outreach workers were significantly more likely to enter treatment than IDUs not seen by outreach workers; and further gains in risk reduction could be achieved with an outreach intervention approach focusing on substance abuse treatment.

LESSONS LEARNED: Community outreach intervention can be done: drug users can be found and followed and they will reduce their risk behaviors. Outreach intervention is effective, but education is not enough; treatment facilitation is also needed. Further gains can be achieved: free treatment, high perceived risk and prior treatment experiences are all effective motivators for treatment entry, which leads to reduced risk.

PRESENTER CONTACT INFORMATION

Name: Robert E. Booth, Ph.D.

Address: 1643 Boulder St.
Denver, CO 80211

Telephone: (303) 433-4669 x19

Fax: (303) 458-6772

E-mail: Robert.Booth@uchsc.edu